

Provider Quarterly Incidents Report (Form QM11, Revised January 2006)

State Fiscal Year and Quarter of this Report:

SFY05-06

1st Qtr (Jul, Aug, Sep)

Name of Provider and Facility/Unit:

Provider Identification Number:

[Use MH License Number if available, otherwise in preferred order (from top down on the list to the right) -- Medicaid Enrollment Number, IPRS Attending Number, LME Assigned Number, Provider Tax ID, or Social Security Number]

Check which type of Provider Identification Number was provided:

MH License Number	<input type="checkbox"/>
Medicaid Enrollment Number	<input type="checkbox"/>
IPRS Attending Number	<input type="checkbox"/>
LME Assigned Number	<input type="checkbox"/>
Provider Tax ID	<input type="checkbox"/>
Social Security Number	<input type="checkbox"/>

Section 1 - Summary of Level 1 Incidents

Number of Incident Reports ¹	Unduplicated Count of Consumers Involved ²	Highest Number of Incidents for One Consumer ³
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Restrictive Interventions

[A Level 1 incident is any planned use of a restrictive intervention administered appropriately and without discomfort, complaint, or injury.]

Total Unduplicated Count ⁴			
Seclusion			
Isolated Time-Out			
Restraint			

Medication Errors

[A Level 1 incident is any error that a physician or pharmacist has determined does not threaten the consumer's health or safety. Providers of periodic services should report errors for consumers who self-administer medications as soon as learning of the incident.]

Wrong Dosage Administered			
Wrong Medication Administered			
Wrong Time (Over 1 hour from prescribed time)			
Missed or Refused Dose of Prescribed Medication			

Other Incidents

[All searches/seizures are classified as a Level 1 incident.]

Any Search of Consumer/Living Area or Seizure of Consumer's Property			
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1. A count of the number of incident reports completed during the quarter for the type of incident indicated.
2. Provide an unduplicated count of the consumers for which an incident report was completed during the quarter for the type of incident indicated. For example, if one consumer had multiple incidents during the quarter of the type indicated, that consumer should be counted only once.
3. Identify the individual consumer with the highest number of incidents during the quarter for the type indicated and report this number as the highest number of incidents for one consumer. For example, if 30 medication errors out of a total of 35 during the quarter were attributed to one consumer, the highest number for one consumer would be 30. If 35 consumers each had one medication error during the quarter, the highest number for one consumer would be one.
4. For **total unduplicated count**, count each incident report only once regardless of the number of different types of restrictive interventions that may be listed on an individual report. For each **type** of restrictive intervention listed (seclusion, isolated time-out, or restraint), count each incident reported on the incident report. It is possible that the sum of each type of incident may exceed the total unduplicated count if more than one type of restrictive intervention is reported on a single incident report.

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Section 2 - Summary of Level 2 and 3 Incidents

This section provides a summary of the number of Level 2 and Level 3 Incident Reports that were completed and submitted to the host LME during the quarter.

	Number of Incident Reports	Unduplicated Count of Consumers Involved	Highest Number of Incidents for One Consumer
Number of Level 2 Incident Reports			
Number of Level 3 Incident Reports			

If no Level 2 or Level 3 Incident Reports were submitted, did any Level 2 or Level 3 incident occur and go unreported?

☐ Yes

☐ No

Section 3 - How the Provider is Analyzing Trends and Using Incident Report Data

Provide a brief description of patterns or trends identified through data analysis, strategies developed to address identified problems or opportunities for improvement, actions taken, evaluation of the results of actions taken, and/or next steps being planned. The information provided below should address quality improvement efforts related to any type of incidents (Level 1, 2, and 3) and should not be limited to the Level 1 incidents reported on this form.

	Description
Analyses (Trends, patterns)	
Strategies Developed	
Actions Taken	
Evaluation of Results of Actions Taken	
Next Steps	

Print Name of Person Completing Report for Provider:

Title:

Date:

Phone:

Email:

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Instructions

Requirement to Submit the Report:

10A NCAC 27G .0604, requires Category A and B providers to submit a report each quarter to the host Local Management Entity (LME) providing summary information of selected Level 1 incidents* that occurred during the quarter involving restrictive interventions, medication errors, any search of a client or a client's living area, and any seizure of a client's property or property in the client's possession. **A separate report shall be submitted for each provider facility/site.** The report shall be submitted using a form provided by the Secretary of the North Carolina Department of Health and Human Services (NC DHHS). The Provider Quarterly Incidents Report (Form QM11) is the designated form for submitting this report. A copy of this form may be found on the Division of MH/DD/SAS website:

<http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm>

** A Level 1 incident is any occurrence that is not consistent with the routine operation of a facility or service or the routine care of a client and that is likely to lead to adverse effects upon a client and does not meet the definition of a Level 2 or 3 incident. For further explanation, please refer to the DHHS Incident and Death Response System Manual, a copy of which also may be found on the above referenced web site.*

Even if there are no Level 1 incidents of the types to be reported during the quarter, providers are still required to submit this form to the host LME indicating "0" incidents. This will allow the host LME to distinguish between no incidents and a failure to report by a provider.

When to Submit the Report:

The quarterly summary and analysis of incidents is to be done every three months and submitted no later than 10 days after the end of the quarter. The following table describes the months covered and the due dates for each quarterly report.

Report	Months Covered	Due Date
First Quarter	July, August, September	October 10
Second Quarter	October, November, December	January 10
Third Quarter	January, February, March	April 10
Fourth Quarter	April, May, June	July 10

Where and How to Submit the Report:

This report should be emailed, faxed or mailed to the Host LME Incident Report Contact Person Below:

[LME Name]

[Address]

[City, State, Zip Code]

Attention: [LME Incident Report Contact Person]

Phone Number:

Fax Number:

Email:

Questions:

Questions about the quarterly report form should be directed to the Host LME Incident Report Contact Person named above at the email address or phone number provided.